

**HEALTH COMMITTEE  
of the  
Suffolk County Legislature**

**Minutes**

A regular meeting of the Health Committee was held in the Rose Y. Caracappa Auditorium at the William Rogers Legislative Building, Veterans Memorial Highway, Smithtown, New York on **September 7, 2001** at 10:00 a.m.

**MEMBERS PRESENT:**

Legislator Ginny Fields, Chairperson  
Legislator Brian Foley, Vice Chair  
Legislator Martin Haley  
Legislator Maxine Postal

**ALSO IN ATTENDANCE:**

Paul Sabatino, Legislative Counsel  
Robert Calarco, Aide to Legislator Ginny Fields  
Chris Reimann, Aide to Presiding Officer Paul Tonna  
Mary Howe, Budget Review Office  
Dr. Claire Bradley, Commissioner, S. C. Health Department  
Bob Maimoni, S.C. Health Department  
Dominick Ninivaggi, S.C. Health Department  
Bonnie Godsman, County Executive's Office, I.R.  
Legislator Andrew Crecca  
Frank Tassone, Aide to Legislator Andrew Crecca  
Karen Acompora  
Jay Zuckerman, Vice President, Southside Hospital  
Elsie Owens, Elsie Owens Health Center  
George Buykin, Health Center  
Julie Lycksell  
Joseph Sciammarella, M.D., American Heart Association  
Patricia Hickmon, Elsie Owens Health Center  
John Mahon, Elsie Owens Health Center  
Diane Delapava, Medtronic Phsio-Control  
Patti Hester, Medtronic Phsio-Control  
William Brosnan, Northport - East Northport Schools  
All Interested Parties

**Minutes taken and transcribed by Irene Kulesa, Legislative Secretary**

***(The meeting came to order at 9:55 a.m.)***

**CHAIRPERSON FIELDS:**

It's not 9:30 but we'll begin with the Pledge led by Legislator Postal.

SALUTATION

**CHAIRPERSON FIELDS:**

We have some cards. So we'll begin with Karen Acompora and -- is she here?

**MS. ACOMPORA:**

You can hear me, right?

**CHAIRPERSON FIELDS:**

Yes.

**MS. ACOMPORA:**

Good morning. My name is Karen Acompora and I would like to introduce you to my son Louis. I'll show you a picture of Louis. Louis was an exceptional young man. He was an honor roll student and a member of the National Honor Society and won the Scholastic Athlete of the Year Award in his middle school. He was a Co-Captain of his La-Crosse Team and also the goalie and most importantly loved by his family, friends and community.

On March 25th, he was playing in his first La-Crosse game of his high school career. Earlier in the second quarter, he blocked a routine shot with his chest. He took a few steps and collapsed. At the time, we had no idea that Louis was in cardiac arrest. CPR was started on Louis right away by his coach but to no avail. Louis died on the field that day because he was lacking in a very important link in a chain of survival, early defibrillation. There was no defibrillator until EMS arrived approximately 12 to 15 minutes later after the event. By then it was too late. Louis died from a syndrome known as commotio-cordis. This occurs when a blunt impact interrupts a critical rhythm in the heart. The heart begins to quiver and the only known treatment is defibrillation. I also want to point out that Louis was 100 percent healthy and wearing a chest protector. Louis was only 14 years old when he passed away.

Now, I want to introduce you to another young man. His name is Shawn Morely. On July 15th, Shawn was standing at bat during a little league game and was struck in the chest by a ball. Shawn went into cardiac arrest and suffered commotio-cordis. Luckily, a mother in the stands saw a passing police car and flagged him down and within minutes, the officer defibrillated Shawn and he is alive and well and able to lead a normal healthy life today. Shawn was also 14 years old and he has his whole life ahead of him, thanks to an AED.

We now have the technology to keep our young athletes alive in the event of these kinds of emergencies. We would all like to believe that what happened to Louis and Shawn is very rare but the reality is sudden cardiac arrest happens not only to children but adults as well. The Suffolk County Legislator took the steps to implement a Task Force that would determine where and to what extent AED should be placed in our County and I applaud them for that. By now, it is time to vote on life saving legislation that Suffolk County Legislator Andrew Crecca has proposed. The safety and well being of Suffolk County is at stake and is in your hands to make a statement and make Suffolk the leading County in PAD deployment. We have been blessed with this life saving technology and without a doubt, had an AED been available to Louis on March 25th, in a timely manner, he would be alive today.

We believe that AED's will be as common as fire extinguishers and why can't that day be today. Let us not have another senseless tragedy and let's put AED's in our schools and public venues where they can and will save lives. And I would like to also please implore you to read the Sense Resolution and have the State mandate schools have defibrillators in their schools. We advocate that our children play sports, keep them out of trouble, keep them happy and safe but it's up to us to provide the technology to keep them that way. Commotio-cordis happened and I think we should do all we can to protect them. Thank you.

**CHAIRPERSON FIELDS:**

Thank you for being such an eloquent speaker too. Anybody have any questions?

**LEGISLATOR CRECCA:**

I'd just --

**CHAIRPERSON FIELDS:**

No comments, just questions.

**LEGISLATOR CRECCA:**

A very -- okay, I had a quick comment.

**CHAIRPERSON FIELDS:**

We have a lot of speakers, so -- Jay Zuckerman, Vice President, Southside Hospital.

**MR. ZUCKERMAN:**

Good morning. It's a pleasure to be here. I've been here before the County Legislature on several occasions, most recently with regard to the location, a relocation of Bay Shore Family Health Center because of some environmental problems. I'm pleased to report that as we speak, the staff of Bay Shore are packing their bags to return to Bay Shore. So I want to thank the County Legislature for interceding on our behalf with the difficult situation that we face. I want to thank you for that. So that's some good news.

Suffolk County and Southside Hospital have had an almost 30 year relationship with a County Hospital Partnership with the operation of a number of Family Health Centers. The Bay Shore Family Health Center, the Brentwood Family Health Center and the Central Islip Family Health Center and we and you should be proud of what we've done, in terms, of improving the quality of health care for the communities that we serve.

I'm here to talk a little bit about the potential negative impact of a proposed reduction in funding for the Health Centers that we operate and that are operated throughout the County. Let me just give you a flavor of the community that we serve at Southside Hospital. There is a term that's used in the health care world called ambulatory care sensitive conditions and you may ask well, what are those? Those are things like asthma, chronic obstructive pulmonary disease, pneumonia, diabetes and those are conditions that can be treated in a primary care setting and if they go untreated, they result in hospitalizations.

Unfortunately, if we look at the Bay Shore Community and the Brentwood Community and the Central Islip Community throughout Suffolk County, they are, in order -- has the highest number of patients with these conditions in Bay Shore. Brentwood is number two and Central Islip is number six. If we look at the delivery of newborns to individuals who are under the age of 21, once again, Brentwood is number one in the County. Central Islip is number two and Bay Shore is number three. I can go on and on and on and I think, you're well aware of a need for health care for those individuals who are unable to secure health care services through the private practice of medicine. Primarily because of economics. Primarily because of -- they maybe individuals who are on Medicaid and what have you. And the Bay Shore, Brentwood and Central Islip Health Centers do, in fact, serve an important function that you've allowed us to provide, in terms, of providing care for these patients.

Just very quick, a snapshot relative to the numbers of patients that we care for in the last year. In the Year 2000, the Bay Shore, Brentwood and the Central Islip Family Health Centers have, in fact, served in excess of eighty thousand patient visits. In addition, in the last year, we've seen seven thousand, more than seven thousand new patients. Now, the issue is what is the consequence of a reduction in funding for the Health Centers? One thing we need to realize is that with salaries increasing, the County Legislature, for example, moved towards approving a livable wage for individuals, particularly in the health care field, who work in Suffolk County. Those things need to be reimbursed and as a result, if there is a reduction in a 4 percent that 4 percent has a greater impact, if you look at things, such as increases that we need to provide to our employees, because there is a health care workers shortage. Increases that we all read about in prescription drugs and what have you. So that 4 percent increase is really more like a 6 or 8 percent increase, if we look at normal inflationary factors.

So what is the impact? Well, the impact is multiple. One is, we will be forced to freeze vacancies and here again, those may be nursing vacancies, those may be physician vacancies. In addition, we will be forced to, in fact, reduce our hours. Particularly with individuals who are the working poor. They, in fact, need to have access Saturdays and evenings and we will be forced to reduce those kinds of things. We will probably have to look at services like mammography that is a major, major, preventive service in the County. Similarly, we're going to have to look at the numbers of deliveries of patients through our Health Centers. Through the three Health Centers, as well as our relation with Tri-Community Health Center, we in fact, deliver in excess of a thousand babies per year and what's wonderful is that they're healthy, they do very well. We recently looked at some data with regard to low birth weight and to our delight, the data there is, in fact, equal to or

better than the data that we see coming out of patients who go to our obstetrician offices. So that has proved positive that we're doing a good job. And here again, if you think about one infant who, in fact, may not get prenatal care and there is a bad outcome and let's say, for example, that one infant is, in fact, born to a Mom who may be on Medicaid, you can be talking about hundreds of thousands of dollars of care that that infant will need just to survive their first year of life.

So you have to be commended for what you've done today, in the past. And I know what you will do in the future, in terms, of supporting our efforts, as well as the efforts of the other contract hospitals that, in fact, work collaboratively with you to serve outpatients, serve the citizens of this wonderful County. And I'd be more than willing to answer any questions that you may have.

**CHAIRPERSON FIELDS:**

Thank you very much. Do you have any statistics on senior citizens who visit the Health Centers?

**MR. ZUKERMAN:**

I would imagine that the senior citizen population is probably 25 percent of the numbers of patients.

**CHAIRPERSON FIELDS:**

In addition to freezing positions and reducing hours, you haven't touched upon something that, I think that I have been talking about for a long time and that is that when you see these patients, you're helping them to get well, if they are also passing on contagious diseases. If you discontinue that process, in your estimation, what can that do to the healthy population? To people who don't even go to the Health Centers who are just, you know?

**MR. ZUKERMAN:**

One of the initiatives that we have working with the County is, in fact, caring for patients with tuberculosis. Today we have tuberculosis that, in fact, is very resistant to the numbers of the traditional medications. And someone who is diagnosed with tuberculosis may, in fact, be required to be on medication for as much as a year or more. We have staff who've allowed and made sure that the patients take their medication. And I would probably, if I asked each of you, tell me the last time you had a sore throat and the doctor gave you two weeks worth of medication. And on day five, you felt good and you said well, let me hold this little medication, so I don't have to go to the doctor the next time. That's the same kind of phenomena that occurs with patients with tuberculosis. We don't have an environment today, like with tuberculosis asylums, where we locked people away, they're out in the community and they do well if they are on medication. If they're not, those kinds of things can spread rapidly. So we have that issue.

We have the issue of patients who, in fact, are HIV positive and we work closely with patients who are HIV positive, both in terms of their health care needs, as well as, issues involving what is the communicable nature of HIV as a disease entity? The other thing that's very significant is what we do, in terms, of immunizations. Here again, we can talk about rubella, we can talk about measles, we can talk about mumps. All those things are things that go away when children are immunized. And the dilemma you face is if children are not immunized or don't have access, they don't, in fact, get immunized and that has an effect on the population at large.

So not only do we care for patients who may not necessarily receive health care through the mainstream of medicine but we are helping each other because we are in a community. A community of people who interact in close proximity to one another. So that we provide a preventive focus of health care for the community at large and I think that's important as well.

**CHAIRPERSON FIELDS:**

Thank you. Does anyone have any questions? Okay. Thank you very much.

**MR. ZUCKERMAN:**

My pleasure to be here.

**CHAIRPERSON FIELDS:**

Thank you.

**MR. ZUCKERMAN:**

If you have any questions, feel free to ask.

**CHAIRPERSON FIELDS:**

Thank you for coming and hopefully, we'll have all the employees' back in the Health Center very rapidly.

**MR. ZUCKERMAN:**

By next Friday.

**CHAIRPERSON FIELDS:**

Good, thank you.

**MR. ZUCKERMAN:**

Have a good day.

**CHAIRPERSON FIELDS:**

Elsie Owens? All right, is it George? Is it Buftin?

**MR. BOYKIN.**

Boykin.

**CHAIRPERSON FIELDS:**

Okay, you can come up too and do you want anyone else from these cards up there with you?

**MS. OWENS:**

No, I think, they wish not.

**CHAIRPERSON FIELDS:**

Okay, go ahead.

**MS. OWENS:**

My name is Elsie Owens and I'm the Chairperson of the Elsie Owens Health Center and we're back here again. I met with the County; I think, about two weeks ago and they had a proposed site for us to move from the present place that we are. We don't feel that that site is the best site for our Health Center to be on. So we are here today to ask that whatever this body does that it continues to look for a site that would be suitable that we think that will be suitable for the Elsie Owens Health Center. There's a lot of things that we see in that community adjacent to that site that would not help our Health Center to grow and that's why we're here.

**CHAIRPERSON FIELDS:**

Anything in particular? Or why you don't think that's a good site?

**MS. OWENS:**

It's -- we've had problems with loitering. We've had problems with a lot of things and we have had problems with emergency housing and people from the community just being there. And so, we feel that if you put the site where it has been proposed that it would go, we would have worse problems. And it would be closer to that community, where we have a

lot of homeless people and they are harmless but they have no place to go and they just want to hang out. Recently, I think, we had to have security in there to ask some of them if they didn't have an appointment, would they leave. So if you're putting us right adjacent to that community with those problems, they're certainly not going to go away.

**CHAIRPERSON FIELDS:**

Let me ask you a question? The homeless people that are there now that you think will now go to the Health Center, where do they go now?

**MS. OWENS:**

We have been asking them to leave the --

**CHAIRPERSON FIELDS:**

The ones that you're concerned about. Where are they now? Where do they go, now that they would leave that place to go to the Health Center? Where are they actually going if they're homeless now?

**MS. OWENS:**

They have a place to stay but they do not want to stay there all day. They want to roam. I live on Middle Country Road and we have many merchants there who are having problems. Our Pathmark had to leave and we don't have a food shopping center nearby. It's because of this problem. Because people just didn't have any place to go and they want to hang out. And you or I wouldn't want to go into a place where there's a lot of people just standing around. I'm not saying that these people are vicious but we do have some of that too.

**CHAIRPERSON FIELDS:**

Are you aware that this new proposal has two separate entrances? The Health Department has one side and DSS has another?

**MS. OWENS:**

I'm not so worried about that Legislator. I'm worried about the people who will come in. Whether they're going to the Department of Social Services or whatever. There is a building there and they will come in out of the shelter, out of cold or whatever you may have.

**CHAIRPERSON FIELDS:**

Okay. I don't mean to interrupt you but you have an Advisory Meeting coming up next week, correct?

**MS. OWENS:**

Yes.

**CHAIRPERSON FIELDS:**

And I will be there and so will Legislator Foley. So maybe we could talk about at that point?

**MS. OWENS:**

Okay.

**CHAIRPERSON FIELDS:**

And we'll take that into consideration. Thank you.

**MR. BOYKIN:**

My name is George Boykin and I'm also a member of the Advisory Board. What Elsie said is true. We have that problem now at this present center. So if we move this center to the other place, it's only going to increase and I have seen the fact that maybe that's one of the reasons the precinct is moving, because of the loitering on the corners and in the street. The sixth precinct is moving from that area and we will be directly in that area to be involved in this loitering, prostitution, drugs, whatever. So I think we need to find a better place to replace this center.

**CHAIRPERSON FIELDS:**

Okay, thank you.

**MR. MAHON:**

Hi, my name is John Mahon and I also represent the board and I have had a pharmacy right in that area for the past 19 years. I've seen the area go up and down just as far as homeless displaced people, you know problems with drugs and everything else. I think that where the facility is now, you don't have as much loitering because it's all the way up on 112, away from this area. If it was to be in this area, the concern is that they're going to be loitering around this building 24 hours a day, you know, so it would be a problem. It's a problem that my pharmacy, it's amazing the amount of people again, these homeless people and we feel sorry for them but they are all over the area. And they harass people and it's unfortunate but it is a fact that the area has gone down dramatically. And again, with the removal of the sixth precinct, it will continue to go down. And it's just a concern with this facility that, you know, there is going to be a much greater problem as Elsie has said. Thank you.

**LEGISLATOR HALEY:**

Well, first of all, the sixth precinct is not being moved because of a problem with loitering. The sixth precinct is being moved for a lot of reasons, one of it was primarily logistical. However, there's been a request by the Police Department, based on a survey that I did and the request that I made that they maintain a presence in the old sixth precinct, for lack of a better expression and with the exception of maybe one room in the back, which will be a community room. So there would be a consistent police presence there.

As to the location across the street from that, it seems to me that a County facility requires a presence, okay! And that presence will be County Employees, which may have that actual, I think, it may have a positive impact. You'll have the Police Department. You'll have Police; Detective Units probably, Auto and Theft Units right across the street. We'll probably leave some COPE there. There would be a whole lot of things happening. As it relates to the locating of a facility, the biggest problem we have, we have to pay attention to is transportation and where the busing is and the main roads. So as soon as you do that, you have that requirement, it reduces the number of possibilities. And you can have that loitering, whether you put it there, a mile east, a mile west or a mile north or south or a couple miles north or south on Route 112. I think you may still have that problem. So I don't see the relocation of the sixth precinct integrating what's going on over there. Because the services that you get today, you'll have tomorrow. It's not going to change and not only that, you'll actually have the typical sector cars there, the patrols, the COPE and everything else but you're also going to have a different set of police officers that are across the street that gives that presence, which people I know, people are concerned about. Thank you.

**CHAIRPERSON FIELDS:**

Thank you.

**MS. OWENS:**

May I just respond to Legislator Haley?

**CHAIRPERSON FIELDS:**

Okay.

**MS. OWENS:**

I hear what you're saying and I think that you and I have had a big debate about the sixth precinct moving. We talked about that when the seventh precinct came up and we were assured that the sixth precinct would not be leaving its present location. And we're here today, I was thinking of looking at budgets and you know budgets do change and when they change, if you've got a precinct, everybody might go to that precinct and that shelter over here what you were talking about where you would have those officers would not be there. I'm looking for long range. We're looking to have a Health Center to process, to grow where the employees can feel safe and we do not feel that that would be the best site for it, based on a lot of issues. And as you said, if you come to our meeting on the a -- next Thursday, we will talk about that and we'll show you some statistics that we have that would not

warrant the presence of that Health Center being at that location. Thank you.

**LEGISLATOR HALEY:**

I'm sure if you just add -- that type of information is important and you can provide that to Space Management because there's process by which the County goes through and considers all of those variables together. So what you might find is some of the problems you have with say location A, there may be more problems with location B or location C. And I think the problem is when we -- there's some confidentiality, when we're trying to locate properties because we -- it may involve negotiations and may involve costs. But I think a lot of the things that you're thinking about are already taken into consideration, when they look at some of the other sites. But I'm sure at some point; we'll be able to share that with you. Thank you.

**CHAIRPERSON FIELDS:**

Thank you. We'll see you on Thursday. Thank you very much.

**LEGISLATOR POSTAL:**

Ginny?

**CHAIRMAN FIELDS:**

Oh, yes Legislator Postal.

**LEGISLATOR POSTAL:**

Just wait one minute. You know I really understand exactly where you're coming from. I can tell you that one of the reasons I understand it and I know Elsie knows this very well, is that a County Facility, a Department of Social Services Office that was located at the intersection of Albany Avenue and Great Neck Road, in what was then the 14th Legislative District, now the 15th closed. The County literally abandoned a County Facility because of the loitering, the drug dealing and the prostitution that occurred there. You know, I think that that was an outrageous decision to abandon a facility rather than addressing a problem. But you know, I think that and I know that there's going to be an Advisory Board Meeting coming up to discuss this further. And you know I'm aware of Elsie's very real concern that budgets change and situations change. But maybe there needs to be some kind of comprehensive, if there's a decision, there needs to be a comprehensive proposal to address the problem that she's discussing. Because the problem that she's bringing to us that is being brought to us by the gentlemen and Elsie is a real problem. I saw it happen at the DSS in Amityville.

I can tell you that at Tri-Community, we had to put up gates, which has to be locked at night because there are some things occurring there, which were turning people off to come into the center. So you know, one of the suggestions might be and you know if there's a decision to go ahead with the site, one of the decisions might be to actually, in the build-out create a police substation, actually in the building. I don't know if that would make things better but you know, I'm thinking that that might be a better solution than maintaining a sub-station across the street. I understand the value of the community room but I'm suggesting it because that's what we're doing in another part of my district, in a new supermarket that opened in an area that's had a serious problem with loitering, drugs and prostitution. We've opened a new supermarket and we actually have a police sub-station in the supermarket. So that there's a constant police presence. I'm just throwing that out as a possibility for discussion and maybe if people came together and brainstormed about ways to deal with the potential problem, there could be kind of a win-win solution.

**MS. OWENS:**

Thank you. I understand what you're saying Legislator Postal. But I would hope that this site would be taken out and another site be put forward because we can have the police there. I mean, I don't think I want to be parading into a place where I have to have police officers and I feel like I'm in a prison. And I would hope that they would find another site, so that the people in the community and the people who come there for this service can feel

that they are in a healthy and a safe environment. Thank you.

**CHAIRPERSON FIELDS:**

Thank you. Julie, it looks like Lycksell?

**MS. LYCKSELL:**

Good morning. My name is Julie Lycksell. I'm a registered nurse at St. Catherine's of Sienna. I'm 51 years old. I'm married. I have two kids, 22 and 21. On February 6th, 1998, I suffered sudden cardiac arrest. I survived. I'm a statistic. I'm one of the 5 percent that survived sudden cardiac arrest. Because 95 percent of them don't make it. At that time, Suffolk County Police Department just started the program in which they put AED's in the police cars and in July of 1997, this happened to me in 1998. The policeman that was in the car that answered the call, just became an EMT in 1997. So I'm doubly lucky.

When I was at the restaurant, I ate dinner; I collapsed on my husband's shoulder. He doesn't know what happened to me. He tried to wake me up and I wasn't waking up. They called 911. The reason the policeman got there within two minutes is because he was at another call, a barking dog call. He was around the corner from the restaurant. He came in. Before he got there though, there was a doctor and a nurse that was eating at the restaurant that helped my husband do CPR. So when he got there, he put the machine on me, asked the machine if I needed to be defibrillated and the machine told them I needed to be defibrillated. He did it once. It didn't work on me yet. He did it the second time. The second time my heart rate went into a normal rhythm. This is before the ambulance got there. The ambulance took me to St. Charles. I was there for two and a half days. I don't remember any of it. I was transferred to St. Francis. They did every test they could find, echo, stress, cardiac catheterization, renal angiogram of my kidneys. They did an electrophysiology of my heart. There's nothing wrong with me. They don't know what happened to me. Because I was a documented sudden cardiac arrest patient, they put an EICD on me, which is like an insurance policy for me.

The reason I'm here today is not because of me, because now I'm safe. I have this in my chest. I'm here because I want other people to have a chance to survive like I did. I don't want them to be in the 95 percent statistic. I wanted to be higher than 5 percent. I want AED's in the community. I want AED's everywhere. So I'm here to tell you that it works. The program works because I was saved by one and I'm lucky. Other people should be too. You or your loved one. Thank you.

**CHAIRPERSON FIELDS:**

Thank you very much. Joseph Sciammarella, M.D.? Doctor Sciammarella?

**DR. SCIAMMARELLA:**

Good morning and it's a pleasure for me to be here once again. There are actually some of you up here today that may remember me from my tenure as the full time Director of the Suffolk County EMS System from 1989 through 1994, after my appointment in 1989, by County Executive Pat Halpin. I'm here this morning in another capacity. First, as the Medical Director of several of the public access Defibrillation Programs in the Suffolk County area, including the Northport School District. The school district. That was the home school district of Louis Acompora and the West Islip School District, the district where Louis died. Both of these schools now have AED Programs in their school districts. They have multiple units spread out throughout the district and they have many faculty members, teachers and coaches that are trained to use these devices. So that should one of these tragedies occur again, at least, they'll be equipped and trained to be able to deal with them.

I'm also the Medical Director for the PAD Programs at all of the New York State Parks in the Long Island Region, including Robert Moses, Jones Beach, Sunken Meadow, Bethpage Park, etc., they will eventually be in all the parks in Suffolk County and Nassau County. I'm sure you're familiar with the Newsday article occurred in the middle of August about a gentlemen that died at Robert Moses Beach. And there was a great to do because of the fact that their EMS System at the beach did not have an AED and the thought was that if perhaps there was one, then at least the man would have had a chance at surviving. As a result of that tragedy

and unfortunately, it always seems to take a tragedy to get some of these programs going. As a result of that tragedy, now all the State Parks are in the process of being trained and equipped with AED's. And myself and my partner trained the EMT's at Sunken Meadow Park about two weeks ago and nine days after they were trained; they had the first use of the device on a gentlemen that had collapsed at the boardwalk. So this is a problem that is epidemic in the United States.

Today, I'm here actually in the role of a volunteer once again. I'm here representing the Long Island Region of the American Heart Association as their Chairman of their Operation Heartbeat Initiative. Sudden cardiac death in the Year 2001, remains an epidemic. We look at the statistics and we see how many hundreds of thousands of people die each year from cardiac arrest, sudden cardiac arrest. Well, to put in a little bit more understandable perspective, two thousand, six hundred Americans die each day, not each week, each month, each year, each day from sudden cardiac arrest. If you do the math, it comes out to one person sustaining sudden cardiac arrest every 33 seconds, day in and day out. In order to improve the chances of these sudden cardiac arrest victims surviving, the Heart Association promotes a concept called the chain of survival, which includes four important steps. The first is early access to the 911 system recognizing the need and getting the ambulance on route. The second step is early CPR, which buys some time; at least, gets some oxygen going to the vital organs while awaiting for the third and most critical step in that chain of survival and that step is early defibrillation.

When I was the Medical Director of the Suffolk County EMS System, our initial goal was just to get these devices in ambulances. As absurd as that seems in the Year 2001, they weren't there in 1989. Well, we've now got them in all the ambulances in the County. When I was Medical Director of the County System in 1994, we did the first pilot project putting AED's in two sector cars in the Smithtown area and that was the birth of the Suffolk County AED Police Program. And you've seen one of the survivors of that initiative this morning, Julie Lycksell, who was here as a direct result of this County, the County Executive and this Legislature having the foresight to agree to put those devices in the Suffolk County Police Cars.

It is defibrillation that makes the difference in whether a person that sustains sudden cardiac arrest dies or survives. It is a known fact that defibrillation works. That's why people that experience sudden cardiac arrest in a cardiac care unit, almost all of them survive. The way to get defibrillation to work though is very, very, time dependent. For every one minute that a patient remains in ventricular fibrillation and they are not defibrillated, their chances of resuscitation drop by 10 percent per minute. And even the best EMS Systems of the world, I defy them to get to the patient's bedside in that three to four minute window. It can happen sometimes. But just getting through traffic or finding their way to the 6th floor from the front building could be extremely difficult and time consuming. So the whole goal of this concept of saving lives due to defibrillation is time dependent and now we've got the defibrillators on the ambulances and we've even got them in the Police Department. However, it needs to be out in the community, where the patients are dying day in and day out. They need to be where people gather.

This building can hold my guess is about a hundred and fifty or so people. Just look at the ages of the people in this room and perhaps this might be a great place to put an AED and train a couple people to use it. That, as we saw this morning, as Karen Acompora so eloquently demonstrated, that sudden cardiac arrest is not just a disease of the older person, it's also a disease that effects children. So what I'm here today to do is support the Introductory Resolutions 1894 through 1898 and also Introductory Sense Resolution 83-2001, in support of getting AED's out there in the public and to help support the goal of the American Heart Association in improving the chain of survival.

I'm just here to let you know that if there are any questions, if you need any assistance, documentation that the American Heart Association is there to lend it support and to serve as a resource in any of the decisions that you need to make regarding these important resolutions. And once again, I'm here to support the resolutions that are concerning defibrillation this morning. Thank you.

**CHAIRPERSON FIELDS:**

Thank you. Patricia Hickmon? Is Patricia Hickmon here?

**MS. HICKMON:**

I decline.

**CHAIRPERSON FIELDS:**

Okay. Diane Delapava? Patti Hester?

**MS. HESTER:**

Thank you for your time this morning. I'm Patti Hester of the Eastern Area Manager for Medtronic Physio-Control and this is my counterpart Diane Delapava. I'm actually a Suffolk County native and my parents still live in Northport. And I just wanted to come forth to give our support of these initiatives regarding access to AED's. You've heard some of these statistics already this morning but six hundred people a day, tragically die of sudden cardiac arrest each day and the victims are every age and every background. If you are a victim of a sudden cardiac arrest, you have less than a 10 percent chance of surviving. The only way to increase your chance of survival is to be shocked within four minutes of the onset.

As we've heard earlier, heart safe guidelines recommend that AED's be placed so that everyone has access to an AED within four minutes. When you think about the average EMS response time being ten minutes just to the curb of a building, as we just heard earlier, it can take additional time to get to the victim inside that building. Suffolk County Police and EMS have really been pioneers with the adoption of AED's and every police car and every ambulance and because of this, the survival rate in Suffolk County is one of the highest in the country. There are Turnkey Programs available today for implementing heart safe schools, heart safe communities and heart safe corporations. There is no question that early defibrillation saves lives and timely access to AED's is the key.

Suffolk County Police, EMS have established themselves as early adopters and leaders for access to early defibrillation. We encourage the County to continue your leadership position in extending access for early defibrillation to our schools, parks, public works and County buildings. We are here to support you with these efforts in any way that we can and we look forward to continuing our partnership with the County.

**CHAIRPERSON FIELDS:**

I don't want to interrupt you but -- and we have heard that and I appreciate that. Is that an example of one of the defibrillators?

**MS. HESTER:**

Yes, it is.

**CHAIRPERSON FIELDS:**

I just have a couple questions. If a -- okay that's why I figured we'll just move on to the questions. If we were to have one, let's say, in this building? Does it have to be plugged in?

**MS. DELAPAVA:**

No.

**CHAIRPERSON FIELDS:**

What is your name for the record?

**MS. DELAPAVA:**

Diane Delapava.

**CHAIRPERSON FIELDS:**

Okay. Into the microphone?

**MS. DELAPAVA:**

I am Diane Delapava.

**CHAIRPERSON FIELDS:**

So it doesn't have to be plugged in? Does it hang on a wall?

**MS. DELAPAVA:**

We have several wall mount types. It's very similar to what you would put a fire extinguisher in? We have --

**CHAIRPERSON FIELDS:**

So then --

**MS. DELAPAVA:**

It's just like that. That this can be placed in.

**CHAIRPERSON FIELDS:**

And then you open it? Can anyone open it?

**MS. DELAPAVA:**

You can have it any way you want. Every building has a different requirement on how they want it. Whether they want it true public access or only trained personnel with a key to the box. You know security is an issue also. Because they are, you know approximately three thousand dollars per devise. So that would vary in each building and how you would set that up and we have something for everyone.

**CHAIRPERSON FIELDS:**

So if it were here, someone would be able to open it up and run to the victim and they don't need -- fine, okay.

**MS. DELAPAVA:**

It has a -- what's called a lithium battery in it.

**CHAIRPERSON FIELDS:**

How long does that battery last?

**MS. DELAPAVA:**

Anywhere from three to five years.

**CHAIRPERSON FIELDS:**

And does it let you know when it's running low?

**MS. DELAPAVA:**

There's a warning at twelve shocks. So you have plenty of juice left, so to speak, to use the device on actually more people, should you need -- you know, if there's two people that go down simultaneously, which would be unusual.

**MS. HESTER:**

It also does a self-check every night at three o'clock in the morning to verify the battery and everything is working properly.

**CHAIRPERSON FIELDS:**

Okay.

**MS. DELAPAVA:**

It's designed to be very low maintenance and easy to use. If anybody would like a demonstration on the product, I can do that later on. One on one or whatever. You see that? Okay.

**LEGISLATOR POSTAL:**

Madam Chair, I've seen it -- it was demonstrated for me at the Wyandanch Wheatley Heights Ambulance Corp and it truly is -- it's excellent. One of the speakers said that the -- I think, it was the police officer, asked if she needed to be defibrillated and you know, I thought that was a great thing, because defibrillation used inappropriately can kill somebody. So the machine tells you.

**MS. DELAPAVA:**

It knows.

**LEGISLATOR POSTAL:**

It's appropriate.

**MS. DELAPAVA:**

Right. It knows when someone is in sudden cardiac arrest. You don't have to make that determination; it does it for you.

**CHAIRPERSON FIELDS:**

How long does a demonstration take?

**MS. DELAPAVA:**

Two, three minutes.

**CHAIRPERSON FIELDS:**

Okay, go ahead.

**MS. DELAPAVA:**

Basically, you would take it off of the wall, if it was here in this room. Bring it to the patient's side. You would also have basic CPR training, so you would do what's called your ABC's, identify the patient as unconscious, unresponsive.

**CHAIRPERSON FIELDS:**

Pick up the microphone and hold it in your hand.

**MS. DELAPAVA:**

Again, assuming someone collapses, we're going to the wall. We're getting the device. We're going to identify the patient, of course, as unconscious, unresponsive, no pulse, not breathing. Clinically they're dead, okay! We're going to take out the electrodes. They look very similar to this right here. This is a training device. Notice that on the pad itself, it tells you where to place them. One is placed here and one is placed here. So assuming we have that on the victim, probably the hardest thing is turning the device on. From that point, it tells you what to do.

**DEFIBRILLATOR:**

Beep, beep, beep. Connect electrodes.

**MS. DELAPAVA:**

It reminds you, in case your electrodes aren't connected properly.

**DEFIBRILLATOR:**

Push analyze.

**MS. DELAPAVA:**

It tells you to push analyze.

**DEFIBRILLATOR:**

Stand clear.

**MS. DELAPAVA:**

It reminds you to stand clear.

**DEFIBRILLATOR:**

Analyzing now. Stand clear.

**MS. DELAPAVA:**

It reminds you to stand clear. Now determining whether the patient requires a shock or not.

**DEFIBRILLATOR:**

Shock -- advise.

**MS. DELAPAVA:**

And it's now delivered the shock. Hopefully, it will save the patient's life.

**DEFIBRILLATOR:**

Stand clear. Push to shock.

**CHAIRPERSON FIELDS:**

Let me ask you a question?

**DEFIBRILLATOR:**

Analyzing now.

**CHAIRMAN FIELDS:**

Does it --?

**DEFIBRILLATOR:**

Stand clear.

**MS. DELAPAVA:**

I just want to demonstrate one more thing.

**DEFIBRILLATOR:**

No shock advised.

**MS. DELAPAVA:**

In this case, this is what it sounds like when no shock is required. And you would then check for pulse, which would be all part of your CPR training. Gives you plenty of time to find that pulse.

**DEFIBRILLATOR:**

Start CPR.

**MS. DELAPAVA:**

And then it reminds you, now you need to do CPR. You could focus one minute aggressive CPR because it's got to clock for you. It's counting backwards, sixty seconds. So it's going to tell you in exactly one minute what to do next. So again, takes your hand and walks you through the whole process and makes that determination for you. If you ever wanted to use this, as a weapon to shock someone you didn't like, you could not do that. It would not allow you to push the shock button.

**CHAIRPERSON FIELDS:**

There are some Legislators that are going to be disappointed with that.

**MS. HESTER:**

You also have the Good Samaritan Legislation that protects the user from any liability when you're trying to help someone out.

**CHAIRPERSON FIELDS:**

Great thank you very much.

**MS. DELAPAVA:**

You're very welcome.

**CHAIRPERSON FIELDS:**

William Brosnan?

**MR. BROSINAN:**

Good morning. I'm Bill Brosnan. I'm Superintendent of the Northport, East Northport School District, about what you've heard of it this morning. Let me start by telling you that I was one of those people who was sitting in St. Anthony of Padua Church during Louis' funeral last -- this spring, a year ago and we've had a lot of tragedies. I've been Superintendent for 17 years and an Administrator 8 years before that and you always have tragedies when you thousands of people. But to see a church that holds maybe a thousand or twelve hundred people filled to the rafters with all isles filled, with little children, with tears coming out of their eyes and to watch a La Crosse Team bury one of its own is one of the most emotional and difficult experiences I've every had. Shortly after that, one of the Acompora's friends started doing some research and learned about these defibrillators and as was said earlier, sometimes you have to have a tragedy in order to move forward. We learned from the research that's been done that defibrillation is the only way that you can really save a patient, be it a child or an adult and so we said, we have to do this.

We contacted the State Education Department who told us the use of these is not approved. Since I've been very active at the State level, we made some calls, the Acompora Family made some calls and the State Education Department has changed its mind and has accepted that defibrillators can be used in the schools, if they are part of the safety plan recently enacted by New York State Legislature. So we have a plan and God forbid, we'll never have to face a situation, hopefully, like this again. We have a plan that involves protection for all fifty seven hundred of our children and for our eight hundred staff members. We have one defibrillator in each elementary school. We have two in each middle school. We have three at our high school, which is a large facility that serves fifteen hundred children. We also have nine additional defibrillators solely for the use of our athletic fields, our athletic teams. They stay on campus. They also travel with the teams. So our children and our adults are protected. Every one of our coaches is trained. We have actually a total of almost two hundred staff members trained at this point.

We're now expanding to the next stage. We're expanding to the stage where we're going to teach our children how to do this. Several years ago, we became one of the pilot districts with the American Heart Association to teach CPR to our middle school children, as part of our Health Program. This coming year, we're going to be teaching not only CPR and not only at the middle school but also for high school, the CPR with AED instruction, so that our children will know how to use these machines. I am convinced that 10 years down the road, defibrillators will exist, probably as they do now, in the Chicago Airport every hundred feet away just about everywhere you go. We're an aging population. We have people with problems at the older level and also at the level of youth and these machines save lives. And I foresee that these will be just as commonplace as fire extinguishers are, in our schools and in our buildings today. It will be ten years from now, it's going to be the thing that everyone is going to understand and know about.

You heard before about, who knows the Suffolk County's leadership in this area and you've taken incredible strides. I mean, with all the police cars, almost all police cars now having those machines and with so many trained police officers that's such a fabulous step. But police officers very often don't get to a facility for four, five, six minutes down and by that time for some of the victims it's too late. So that's why we embarked on our program. I'm here today to encourage you to support Legislator Crecca's initiatives. I was pleased and honored to sit on his Task Force and to work with him with the development of these. You saw a demonstration before, which I'm glad you had the opportunity to do because the machines are really incredible. And a closer number of manufacturers, with slightly different variations but they all basically do exactly the same thing. So that's my purpose to encourage the committee to support this legislation, so it comes out to the entire Legislature and Suffolk County can continue its leadership role in this critically important area.

**CHAIRPERSON FIELDS:**

Thank you. I just want to say that Legislator Crecca will speak but I would like to get to the agenda, as soon as this is finished. So if Legislator Haley could come to the horseshoe? Go ahead.

**LEGISLATOR CRECCA:**

I just want to -- and I know it's not a question but it sort of is. I just want to clear some air because now it's like, I think, the third speaker said that all police cars have them. Actually and I didn't have the numbers until this morning but there are 440 marked police cars in Suffolk County, 152 of those 440 have defibrillators, 288 do not.

**CHAIRPERSON FIELDS:**

Do we know what 288 do not? I mean, are they Lieutenant's cars that wouldn't be going to emergency calls or --

**LEGISLATOR CRECCA:**

Yes, I'm working on that with Chief Robilloto now and the fact of the matter is it is the COPE cars; it is the spare cars. It is the patrol cars. The sergeant's patrol cars that are out in the centers. So it is -- there are -- of all 440 we don't need defibrillators necessarily in all of them but they're a tremendous amount. I don't want to give the impression that all police cars and you'll hear probably later about some incidents where police cars did not have them.

**CHAIRPERSON FIELDS:**

Okay.

**LEGISLATOR CRECCA:**

I just wanted to clarify that up.

**CHAIRPERSON FIELDS:**

Right. Does anyone else want to address the Legislature? Thank you very much. I'm just going to -- Marilyn Shellabarger could not make it to the meeting today, so I am going to ask that this letter from her be part of the record for the stenographer.

**SUFFOLK COUNTY HEALTH CENTERS  
LIAISON COMMITTEE  
September 20, 2001**

**TO:** The Honorable Ginny Fields, Chairman Health Committee

**FROM:** Marilyn Shallabarger, Chairman Liaison Committee

Please convey to the members of the Health Committee my apologies for not being able to be present for the meeting Friday.

We are especially concerned over the item listed on the agenda relating to reductions or cuts to the 2002 proposed budget. As you know, the members of the Liaison Committee addressed the committee earlier in the spring regarding immediate cuts. Our position has not changed whatsoever. The Health Centers cannot continue to operate at the present level of services if there are any cuts and furthermore, there will be reductions in service if no increase is forthcoming.

As you know, not all of the Health Centers are operated by local hospitals under contract. The Tri-Community and Riverhead Health Centers (and its satellites) are directly operated by Suffolk County. The Liaison Committee would like to state that we support increases in the staffing for these Health Centers in addition to the Contracted Health Centers. This

sometimes can be overlooked and we wish to call it to your Committee's attention.

Thank you for your consideration on these items.

**CHAIRPERSON FIELDS:**

Okay, Tabled Resolutions: I.R. 1490 adopting Local Law, a Local Law to establish healthy bottled water labeling law.

**LEGISLATOR POSTAL:**

Madam Chairman, I think the prime sponsor is still working on a corrected copy.

**MR. SABATINO:**

A corrected copy yesterday, so it will be one more cycle. It will be ready for the next meeting.

**LEGISLATOR POSTAL:**

Motion to table.

**CHAIRPERSON FIELDS:**

Second the motion. All in favor? Opposed? Tabled.

**TABLED RESOLUTIONS:**

**I.R. NO. 1490 Adopting Local Law -2001, a Local Law to establish health bottled water-labeling law. (Legislator Cameron Alden)**

**VOTE: 4-0-0-0 TABLED**

**CHAIRPERSON FIELDS:**

I.R. 1665 directing the County Department of Public Works to implement enhanced pesticide spraying notification via reverse E-911 Program.

**LEGISLATOR POSTAL:**

Madam Chair?

**CHAIRPERSON FIELDS:**

Yes?

**LEGISLATOR POSTAL:**

As I recall, we were looking for someone from, I don't know whether it's the Police Department or FRES to be here to give us some information about what implications this has? I don't know if there's anybody here but I would be uncomfortable about voting on this without hearing from them.

**LEGISLATOR HALEY:**

Second.

**CHAIRPERSON FIELDS:**

All in favor? Opposed? Tabled.

**I.R. NO. 1665 (P) Directing the County Department of Public Works to implement enhanced pesticide spraying notification via reverse E-911 Program. (Legislator Allan Binder)**

**VOTE: 4-0-0-0 TABLED**

**CHAIRPERSON FIELDS:**

And we'll all ask FRES to come to the next meeting. I.R. 1751.

**LEGISLATOR POSTAL:**

Can I ask a question about this?

**CHAIRPERSON FIELDS:**

Yes.

**LEGISLATOR POSTAL:**

As I recall, this is tabled because at the last meeting we could not approve it because of the -- if I remember, the fact that the State Budget hasn't been adopted. Are we now able to move ahead on these?

**CHAIRPERSON FIELDS:**

Commissioner Bradley, could you also come up just in case we have a question?

**DR. BRADLEY:**

I spoke with the Division Heads yesterday and they still have not received letters. The timeframe, we're still good with the timeframe for the next cycle, as far as accepting the grants go and hopefully, the budget will be passed by then.

**LEGISLATOR POSTAL:**

Motion to table.

**LEGISLATOR FOLEY:**

So this does not imperial any program at this point?

**DR. BRADLEY:**

No, it doesn't.

**LEGISLATOR FOLEY:**

Okay. Second the motion.

**CHAIRPERSON FIELDS:**

Okay. All in favor? Opposed? Tabled.

**I.R. NO. 1751 (P) Accepting and appropriating 100% Federal Grant Funds from the New York State Department of Health Services, to the Department of Health Services, Division of Patient Care Services for the WIC Nutrition Program and creating and abolishing a position in the Department of Health Services for this program. (County Executive)**

**VOTE: 4-0-0-0 TABLED**

**CHAIRPERSON FIELDS:**

I.R. 1752. Same motion, same second, tabled.

**I.R. NO. 1752 (P) Accepting and appropriating 100% Federal Grant Funds from the New York State Department of Health Services, to the Department of Health Services, Division of Patient Care Services for Immunization Action Plan, creating and abolishing a position in the Department of Health Services for this program. (County Executive)**

**VOTE: 4-0-0-0 TABLED**

**CHAIRPERSON FIELDS:**

I.R. 1804 adopting Local Law --

**LEGISLATOR POSTAL:**

Motion to table, pending a public hearing.

**CHAIRPERSON FIELDS:**

Second the motion. All in favor? Opposed? Tabled.

**INTRODUCTORY RESOLUTIONS:**

**I.R. NO. 1804 (P) Adopting Local Law No. -2001, a Local Law to extend ban on distribution of free promotional samples of tobacco products. (Legislator Paul Tonna)**

**VOTE: 4-0-0-0 TABLED PENDING PUBLIC HEARING**

**CHAIRPERSON FIELDS:**

I.R. 1807 establishing Suffolk County Prescription Drug Cost Comparison Program. Motion to approve. All in favor? Opposed? Approved

**I.R. NO. 1807 Establishing Suffolk County Prescription Drug Cost Comparison Program. (Legislator Ginny Fields)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

I.R. 1841 designating Valentine's Week as "Women's Healthy Heart Week" in Suffolk County. Motion to approve.

**LEGISLATOR HALEY:**

On the motion?

**CHAIRPERSON FIELDS:**

Yes.

**LEGISLATOR HALEY:**

I'll second it.

**LEGISLATOR FOLEY:**

Enough.

**LEGISLATOR POSTAL:**

Are you putting in a Men's Healthy Heart Week?

**LEGISLATOR HALEY:**

I was just going to say, maybe we -- you know, we have to have some fair play. You know, like something during Father's Day, you know, that week?

**CHAIRPERSON FIELDS:**

Marty again --

**LEGISLATOR HALEY:**

Just kidding. Go ahead.

**CHAIRPERSON FIELDS:**

All right. So you don't need me to respond right?

**LEGISLATOR HALEY:**

No, I don't.

**CHAIRPERSON FIELDS:**

Okay. I.R. 1869 amending the Department of Health Services, Division of Patient Care Services Adopted Budget to reallocate funds for a contract agency. Can we -- oh, on I.R. 1841? All in favor? Opposed? Okay, it's approved.

**I.R. NO. 1841 (P) Designating Valentine's Week as "Women's Healthy Heart Week" in Suffolk County. (Legislator Ginny Fields)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

I.R. 1869 amending the Department of Health Services, Division of Patient Care. Can we have a little information on that one? Are there? Yes.

**DR. BRADLEY:**

The Suffolk County Department of Health Services, a few years ago entered into a contract with Central Suffolk Hospital for many different functions. One of the functions was the prenatal deliveries for Riverhead Health Center that previously had gone to Stony Brook. In addition, they also provided in-patient care for the jail population. When we proposed the budget, we had a certain number of deliveries in mind. Actually the deliveries have gone up significantly. So that the original contract was not fair and appropriate, in terms, of the deliveries that the hospital would have to do. So we have increased their budget mainly for that service.

**CHAIRPERSON FIELDS:**

Motion to approve? All in favor? Opposed? Approved.

**I.R. NO. 1869 (P) Amending the Department of Health Services, Division of Patient Care Services 2001 Adopted Budget to reallocate funds for a contract agency. (County Executive)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

1872 appropriating funds in connection with the addition to Tri-Community Health Center. Commissioner Bradley?

**LEGISLATOR FOLEY:**

Second the motion to approve.

**CHAIRPERSON FIELDS:**

Okay. All in favor? Opposed? Approved.

**I.R. NO. 1872 (P) Appropriating funds in connection with the addition to Tri-Community Health Center, Amityville (CP 4022) (County Executive)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

1873 appropriating funds in connection with improvements at the New Skilled Nursing Facility.

**LEGISLATOR FOLEY:**

Motion.

**CHAIRPERSON FIELDS:**

Motion to approve, second. All in favor? Opposed? Approved.

**I.R. NO. 1873 (P) Appropriating funds in connection with improvements at the New Skilled Nursing Facility. (County Executive)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

I.R. 1884 approving award for RFP Contract to Kroll Associates for independent health review

of Plum Island. Motion to approve?

**LEGISLATOR HALEY:**

On the motion?

**CHAIRPERSON FIELDS:**

Go ahead.

**LEGISLATOR HALEY:**

Perhaps Counsel, could you expand a little bit on this because I don't know who Kroll Associates is. I know they're doing some work in Brookhaven but I don't know what their capabilities are, as far as doing an independent health review of Plum Island.

**MR. SABATINO:**

This is an outgrowth of legislation that was adopted in the early part of the Year 2000. And a separate RFP Committee had also set up a process that would ultimately result in a recommendation from the committee and then a final vote by the Legislature. What they're evaluating on the resolution is the security aspects. There's concern about the nature of the work that goes on there and whether or not the security is adequate. Kroll is an international expert when it comes to that.

**LEGISLATOR HALEY:**

Second.

**CHAIRPERSON FIELDS:**

All in favor? Opposed? Approved.

**I.R. NO. 1884 (P) Approving award of RFP Contract to Kroll Associates for independent health review of Plum Island. (Legislator Michael Caracciolo)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

1890 accepting and appropriating 100% grant funds from the State of New York.

**LEGISLATOR POSTAL:**

Motion to approve.

**CHAIRMAN FIELDS:**

Second the motion.

**DR. BRADLEY:**

The next three grants are final. We have letters, this backup.

**CHAIRPERSON FIELDS:**

I seconded it. All in favor? Opposed? Approved.

**I.R. NO. 1890 (P) Accepting and appropriating 100% grant funds from the State of New York Office of Alcoholism and Substance Abuse Services to the Department of Health Services, Division of Community Mental Hygiene Services for cost of living Alcohol and Substance Abuse Contract Agencies. (County Executive)**

**VOTE: 4-0-0-0 APPROVED**

**LEGISLATOR POSTAL:**

Can I -- was the motion to approve and place on the consent calendar?

**CHAIRPERSON FIELDS:**

No, it wasn't but we will make that. I.R. 1891 accepting and appropriating 100%. Same motion, same second, same vote.

**I.R. NO. 1891 (P) Accepting and appropriating 100% State Funds from the New York State Department of Health to the Department of Health Services, Division of Emergency Medical Services for the Regional EMS Program. (County Executive)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

I.R. 1892 same motion, same second, same vote.

**I.R. NO. 1892 (P) Accepting and appropriating 100% grant funds from the New York State Office of Mental Health to the Department of Health Services, Division of Community Mental Hygiene Services to fund mental health projects in Suffolk County. (County Executive)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

I.R. 1894. Do we have a motion?

**LEGISLATOR POSTAL:**

Motion to approve.

**CHAIRPERSON FIELDS:**

Second the motion. All in favor? Opposed? Approved.

**I.R. NO. 1894 (P) To implement Defibrillator Placement Task Force recommendations. (Parks Department) (Legislator Andrew Crecca)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

I.R. 1895.

**LEGISLATOR FOLEY:**

Second.

**CHAIRPERSON FIELDS:**

Motion to approve, second by Legislator Foley. All in favor? Opposed? Approved.

**I.R. NO. 1895 (P) To implement Defibrillator Placement Task Force recommendations. (Golf Course) (Legislator Andrew Crecca)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

Same motion, same second, same vote on 1896, 97, 98.

**I.R. NO. 1896 (P) To implement Defibrillator Placement Task Force recommendations. (Building Study) (Legislator Andrew Crecca)**

**VOTE: 4-0-0-0 APPROVED**

**I.R. NO. 1897 (P) To implement Defibrillator Placement Task Force recommendations. (DPW Display Cases) (Legislator Andrew Crecca)**

**VOTE: 4-0-0-0 APPROVED**

**I.R. NO. 1898 (P) To implement Defibrillator Placement Task Force recommendations. (Police Department) (Legislator Andrew Crecca)**

**VOTE: 4-0-0-0 APPROVED**

**CHAIRPERSON FIELDS:**

Sense 83 motion to approve.

**LEGISLATOR FOLEY:**

Motion.

**LEGISLATOR HALEY:**

Second.

**CHAIRPERSON FIELDS:**

All in favor? Opposed? Approved.

**INTRODUCTORY SENSE RESOLUTIONS:**

**Sense 83-2001 (P) Memorializing Resolution requesting State of New York to mandate Automated External Defibrillators in public schools. (Legislator Andrew Crecca)**

**VOTE: 4-0-0-0 APPROVED**

**LEGISLATOR FOLEY:**

Madam Chair?

**LEGISLATOR CRECCA:**

Before we adjourn, can I just make one comment?

**CHAIRPERSON FIELDS:**

Motion to adjourn.

**LEGISLATOR FOLEY:**

A motion to adjourn. Madam Chair, I have some questions.

**LEGISLATOR CRECCA:**

I'm glad I didn't have to speak. I think that's the only reason why they approved them so quickly, so they didn't have to hear me. But I just wanted to -- because I know two Legislators were not present when Mrs. Acompora spoke and I just wanted again -- the American Heart Association has -- everyone on the Task Force -- the American Heart Association has really been with us all along the way and again, the impetus and the credit for this move that we're making with AED's really goes to the Acompora Family. and I just want to say thank you again to them for -- and to Louis' memory. And the Health Department worked hard too. I don't want to forget you guys either but --

**LEGISLATOR HALEY:**

Motion to adjourn.

**LEGISLATOR FOLEY:**

No.

**CHAIRPERSON FIELDS:**

No, I'm going to withdraw that. Legislator Foley just has one question for Commissioner Bradley.

**LEGISLATOR FOLEY:**

Thank you and it may lead to several others. But I understand that earlier in the Committee Meeting that Mr. Zuckerman had spoken about the proposed cuts to the Health Centers at the direction of the Executive's Budget Office. And what I wanted to hear from the Commissioner is exactly what, on the record, what kind of letter had gone to the different hospitals contract agencies, if you will, that run our Health Centers? As to what kind of budgets were they supposed to propose to the Budget Office for the upcoming year? What direction was it? Thank you.

**DR. BRADLEY:**

The call letter that the department received for preparation of the 2002 Budget called for a zero growth. So that was the --

**LEGISLATOR FOLEY:**

Zero growth for --

**DR. BRADLEY:**

Going for 2002.

**LEGISLATOR FOLEY:**

So the whole department? Or for --

**DR. BRADLEY:**

The whole entire department.

**LEGISLATOR FOLEY:**

Okay. Zero growth in expenditures?

**DR. BRADLEY:**

Correct.

**LEGISLATOR FOLEY:**

Okay.

**DR. BRADLEY:**

That was the letter that went to everyone. I did not treat patient care different from everyone else.

**LEGISLATOR FOLEY:**

Would you submit that letter to the committee, please?

**DR. BRADLEY:**

The call letter to myself?

**LEGISLATOR FOLEY:**

Yes.

**DR. BRADLEY:**

Yes.

**LEGISLATOR FOLEY:**

Okay. Go ahead. So specific -- all right then -- Then how is that translated to the budgets for the different Health Centers and the contract agencies for the Health Centers? Particularly the hospitals?

**DR. BRADLEY:**

In terms of the impact?

**LEGISLATOR FOLEY:**

Yes.

**DR. BRADLEY:**

There will be --

**LEGISLATOR FOLEY:**

Once the department receives the call letter?

**DR. BRADLEY:**

Right.

**LEGISLATOR FOLEY:**

How does that, if you will, translate it to the different agencies? In this case, particularly the community hospitals that administer some of the Health Centers?

**DR. BRADLEY:**

Okay. Zero growth budget for most of the hospital run Health Centers. Not all of them. Some of them will probably be okay with the zero growth. But the majority of them will have to cut services just because of cost of living increases, in terms, of salaries for employees. And we are having a very difficult time trying to recruit. So it is essential that we, ourselves, in the County and also contract agencies provide these cost of living increases or we'll have attrition and a very difficult time recruiting. So there will be some type of reduction. Now, we have asked all of the hospitals if they have to comply with the zero growth? What type of plans would they put in place? And we have that from some of the hospitals. We don't have it complete from others. Some of them have said, we'll be okay with the zero growth because of how they have spent in the previous year.

**CHAIRPERSON FIELDS:**

Can I interrupt? If they're saying they can be okay and the zero growth, how are they going to be in the 4 percent reduction?

**DR. BRADLEY:**

Problems right.

**CHAIRPERSON FIELDS:**

Major?

**DR. BRADLEY:**

Maybe I'm an optimist but I'm very hopeful that we won't go there.

**LEGISLATOR FOLEY:**

Was it 4 percent or zero? I thought it was zero.

**DR. BRADLEY:**

Well, the original call letter was for zero growth and then there was a subsequent letter that we needed to prepare a 4 percent reduction.

**LEGISLATOR FOLEY:**

In the Health Department?

**DR. BRADLEY:**

The entire department.

**LEGISLATOR FOLEY:**

Okay.

**DR. BRADLEY:**

I think all departments. My understanding is that all departments received that.

**LEGISLATOR FOLEY:**

Four percent cut. Well, then how does that translate it to the different agencies that run the

Health Centers?

**DR. BRADLEY:**

There will be a reduction in services. Probably -- considering -- Normally, we go 4 percent. Normally, our goal is -- of recent is 4 percent increase from year to year to deal with the cost of living increases. So, if you go with zero growth from what we've had in the last couple of years, that's about a 4 percent reduction and then if you go with a 4 percent reduction instead of a zero growth that's going to be double. It's going to be a double type of hit. And as Mr. Zuckerman said, over 90 percent of our budget, in terms, of the Health Centers, in terms, of the contract agencies are staffing.

**LEGISLATOR FOLEY:**

Correct.

**DR. BRADLEY:**

So that is the service that would have to be cut. Now, when you talk about staffing, it's going to translate into, most probably, either freezing of positions or in some cases, some of the hospitals may have to lay off employees and it will equate to reduction in hours and reduction in services.

**CHAIRPERSON FIELDS:**

They didn't mention it today but we did mention this at a previous meeting that hospitals, many of them are in trouble to begin with. So this kind of a cut can make it even more difficult for us to get those services.

**LEGISLATOR FOLEY:**

Just as a follow-up, if I may Madam Chair? So once, if you will, a department gave -- pass along this information to the administrators in the different agencies, rather Health Centers. Have they submitted back to the Health Department what their budgets will be for next year? This is what a zero percent looks like? This is what a 4 percent looks like? Zero percent growth, 4 percent cut? Do they give dual or two variations of how they would move forward with or actually retrench their services?

**DR. BRADLEY:**

The way we handled the 4 percent was, again, uniform across the department, we did 4 percent cuts. And with the comment that it would have devastating impacts on the entire department. It's not just the Health Centers that would be hurt by this.

**LEGISLATOR FOLEY:**

I understand that.

**DR. BRADLEY:**

The entire. So I didn't -- we didn't come up with two identical budgets. One was zero percent, one was 4 percent. But we gave a thumbnail sketch, in terms, of what the impact would be with the 4 percent reduction. It didn't go through the whole motions of preparing it. I gave them the general idea of what would happen if we had a 4 percent, in addition to what would happen if we had a zero growth.

**LEGISLATOR FOLEY:**

My question is from -- particularly, the community hospitals that submitted to you -- they had submitted what a zero percent looks like and what a 4 percent would look like? Is that correct? What did they submit?

**DR. BRADLEY:**

They gave a formal zero percent.

**LEGISLATOR FOLEY:**

Okay.

**DR. BRADLEY:**

With the 4 percent, it was more not a -- we were not asked for a complete redo of the budget.

**LEGISLATOR FOLEY:**

Okay.

**DR. BRADLEY:**

We were asked for what it would look like if you cut 4 percent, in terms, of the expenditures and that we gave. With, as I said, the ramifications if we saw a 4 percent cut, in terms, of services throughout the department.

**LEGISLATOR FOLEY:**

So you did both zero and four okay? And since the budget will be printed, I would imagine in several days, in less than a week's time, have you been given any indication as to where the proposed budget is going for the Health Department?

**DR. BRADLEY:**

Not officially, no.

**LEGISLATOR FOLEY:**

Not officially, okay. Just on another matter? Did the commissioner speak at all giving the committee an update on West Nile?

**DR. BRADLEY:**

No, I didn't. Would you like me to?

**LEGISLATOR FOLEY:**

Yes, if you could please?

**DR. BRADLEY:**

Sure. We found out two days ago that we have a presumptive case of West Nile in a 49-year-old female who lives in Nesconset. She became symptomatic August 23rd. She went into the hospital around the 29th. She went in with a high fever, headache, stiff neck and proceeded to develop a classic rash for West Nile. She had a spinal tap and blood and cerebral spinal fluid was sent to the State Health Department and her preliminary tests are positive for West Nile. Her symptoms are classic for West Nile. She was in the area, the one area that we sprayed for West Nile, which is in Nesconset. We sprayed in that area on August 9th, based on birds and mosquitoes, in terms, of the concentration of positive birds and mosquitoes in that area. She is recovering at home and I think she'll probably have full recovery.

There have been about 35 patients who have been tested for West Nile and when you test someone for West Nile, it's not an ambulatory patient. It's someone who usually gets admitted to the hospital with signs of encephalitis or meningitis. About half of them have come back negative. She's the one that is presumptively positive. We'll probably know within the next couple of days definitive on her. They do acute and convalescent titers. What they want to see is that the titers, the antibodies against the West Nile go up but then they want to see if they come down and that's what acute and convalescent. There are also some specific tests that are being run on this woman.

**CHAIRPERSON FIELDS:**

Thank you. Thank you very much.

**LEGISLATOR FOLEY:**

Thank you Madam Chair.

**CHAIRPERSON FIELDS:**

Meeting adjourned.

***(The meeting was adjourned at 11:a.m.)***